



8/6/03

AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66872-017 (P-AR 4803)	
SERIAL NO: 09/942,024	FILING DATE: August 28, 2001	EXAMINER: K. Shahnan Shah	GROUP ART UNIT: 1645 CONFIRMATION NO.: 7269	
INVENTION: FRET PROTEASE ASSAYS FOR BOTULINUM SEROTYPE A/E TOXINS				

TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 25, 2003.

By: Andrea L. Gashler  
Andrea L. Gashler, Reg. No. 41,029

July 25, 2003  
Date of Signature

RECEIVED

JUL 30 2003

TECH CENTER 1600/290

Transmitted herewith is a response to the Restriction Requirement mailed June 24, 2003, in the above-identified application.

☐ Small Entity status of this application has been established under 37 CFR 1.27.

☒ Petition for Extension of Time is enclosed (in duplicate).

☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

☒ No additional claims fee is required.

☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	23	-	72	-	0	x	\$9	\$18	=	\$	\$
INDEPENDENT CLAIMS	1	-	3	-	0	x	\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$	\$
							TOTAL ADDITIONAL FEE			\$	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Steward et al.  
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- X Please charge my Deposit Account No. 502624 the amount of \$110.00, which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Andrea L. Gashler  
Andrea L. Gashler  
Registration No. 41,029  
McDERMOTT, WILL & EMERY  
4370 La Jolla Village Drive  
7<sup>th</sup> Floor  
San Diego, California 92122  
858-535-9001